

☒ New ☐ Amended

BUSINESS LICENSE APPLICATION

Augusta-Richmond County Planning & Development
Residential Division: 1803 Marvin Griffin Road Augusta, GA 30906
Commercial Division: 535 Telfair Street Suite 300 Augusta, GA 30901

Main Office: 706.312.5050
Office: 706.312.5050 ext.4
Office: 706.312.5050 ext.3

Email: PDDTECHS@AUGUSTAGA.GOV

Business License Number: LCB202500007114

OFFICE USE ONLY

Estimated Yearly Gross Revenue ⁽¹⁾: \$ 12,000

Start date of New Business: 01/16/2025

Business Name: Ka of Life, LLC

Mailing Address: 2006 Starnes Street, 3090 Augusta, GA 30904
(Complete Mailing Address - City, State, Zip Code)

Physical Location: 229 Furys Ferry Road, #115, Augusta GA 30907
(Complete Street Address - City, State, Zip Code) - P.O. BOX or VIRTUAL OFFICE SPACE NOT ACCEPTED

Primary Phone Number: 301-473-2595

Secondary Phone Number: _____

Email Address: kaoflife17@yahoo.com

Preferred Method of Notices: ☐ Electronic ☒ Mail

Preferred Method of Contact: ☒ Mailing ☐ Address ☐ Phone ☐ Text Message ☐ Email

Description of Business: Psychic Mediumship Readings

Owner/Entity's Name and Address: Marge Pick, 2006 Starnes Street, Augusta GA 30904
Is Owner a Disabled Veteran? ☐ Yes ☒ No If yes, _____ %

Last 4 SSN (Required): [REDACTED] Primary Contact Number: 301-473-2595

Officer's Name and Address: Marge Pick, 2006 Starnes Street, Augusta GA 30904

Last 4 SSN (Required): [REDACTED] Officer's Position / Title: owner Phone Number: 301-473-2595

Emergency Contact Name: Christopher Pierre Primary Phone Number: 678-756-0975

Local Contact Name: _____ Primary Phone Number: _____

Number of Employees (only working in Augusta-Richmond County): 1 Number of Professionals: _____

⁽¹⁾ Professionals and certain practitioners have the option of paying \$400 Professional Fee per practitioner in lieu of reporting gross receipts.
*Check with the Business Tax Office to determine eligibility for this option.

Number of Decals: Contractor _____ Transportation _____ Vending Machines _____ Food Truck _____

Federal Tax ID: (EIN #) 33-3203500 State Tax ID: (Dept. Of Revenue #) 20305275334

In accordance with the Business Ordinance of Augusta, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying schedules and statements and that the same are true, correct, and complete.

Applicant's Signature: Marge Pick

Date: 4/1/2025

Read and Initial each statement below:

mp

I understand that Business Licenses Certificates expire on December 31st of each year. It is the responsibility of the business owner to renew the business license beginning January 1st through January 31st each year to avoid late fee penalties.

mp

I understand that Gross Revenue Request are due prior to October 31st of each year to avoid "Failure to Submit Fees" or penalties.

mp

I understand that it is my responsibility as business owner to contact Planning and Development 706.312.5050, if I did not receive my gross revenue request form by the end of September of each year, I understand that not returning the gross revenue request form will cause me a Failure to Submit Fee penalty in addition to my account.

mp

I understand the penalty fees will not be dropped for my failure to submit timely reports or payments.

mp

I understand I must Report Changes in Location of business promptly to avoid a Penalty of \$500.00 USD.

Business Name:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

→ **Section 1.**

Please check only one:

☐ (A) ☐

On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ☒

On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer** employees.

*** If you select Section 1(B), please skip Section 2 and execute below. ***

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number (E-VERIFY)

Date of Authorization

→ I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/1/2025, 2025 in Augusta (city), GA (state).

> Margo Pick

Signature of Owner or Authorized Officer

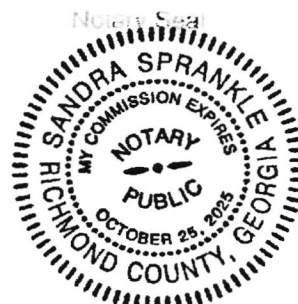
> Margo Pick

Printed Name and Title of Owner/ Authorized Officer

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 1st DAY OF April, 2025.

Sandra Sprankle
NOTARY PUBLIC

My Commission Expires: October 25, 2025



Business License Application
Fortuneteller Questionnaire
Planning & Development Department
Licensing Division
licensing@augustaga.gov
706-312-5050 Option 1



Residential Division
1803 Marvin Griffin Rd
Augusta, GA 30906
Commercial Division
535 Telfair St Suite 300
Augusta, GA 30901

Additional Questions for Fortunetellers:

1. Where has applicant resided for six months preceding the date of this application?

2006 Starnes Street, Augusta GA 30904

2. What was the applications previous home address, and how long was applicant a resident there?

2304 Federal Ave A, El Paso TX 79930. About 6 months, Nov 2022-April 2023

3. What is the Social Security number of said applicant? _____

4. What are the names and addresses of all persons having an interest in said business? What are their interests?

Margo Pick, 2006 Starnes Street, Augusta GA, 30904. Only owner, Single Member LLC.

5. Who is the landlord or owner of said location, and what is the address and telephone number of said landlord or owner?

Owner/Landlord: Kim Kwon, 4092 Hammonds Ferry Court, Evans, GA 30809, 706-267-6422

My Sublessor: Amanda Wicklum at 229 Fury's Ferry Road #115, Augusta GA 30904, 706-825-3825

6. Has the applicant of any person connected with or having an interest in said business:

a. Been charged or convicted of any violation of law (other than minor traffic violations) in any locality? ☐ Yes ☒ No

b. Served time in prison, or other correctional institution? ☐ Yes ☒ No

7. If the answer to section a. of the above question is 'Yes', state circumstances in detail. Information must be complete as to dates, charges, court of jurisdiction, and disposition for each person. If the answer to section b. of the above question is 'Yes', state circumstances in detail. Information must be complete as to charge on which convicted, name of prison or correctional institution, length of time served, date of release from prison or correctional institution, or whether on probate of parole, and the terms thereof.

8. Give the name, home address and telephone number and place of employment of two persons who are residents of this county, who are familiar with your character and reputation.

1. Faith Starr-Meeks, Stay-at-home-mom, 1 Daffodil court, Fort Eisenhower GA 30905, unit A

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2. _____ Sarah Wilkerson, Echoes of life, birthing doula, _____, _____ Eustis Dr,
30904 _____

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Ka of Life, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **01/16/2025** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **01/24/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State